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FAX COVER SHEET

PLEASE DELIVER THIS FACSIMILE TO EXAMINER NATHAN HILLERY

TO: Commissioner for Patents
Attn: Examiner Nathan Hillery
Group Art Unit 2176
Patent Examining Corps
Facsimile Center
Alexandria, VA 22313

FROM: William K. Konrad

OUR REF: 0021.0010
TELEPHONE: 310-556-7983

Total pages, including cover letter: 21

PTO FAX NUMBER 1-571-273-8300

If you do NOT receive all of the pages, please telephone us at 310/556-7983, or fax us at 310/556-7984.

Description of Documents Transmitted: TRANSMITTAL FOR AMENDMENT
(+COPY); AMENDMENT

Applicant: C.L. Bates et al.
Serial No.: 09/658,078
Filed: September 11, 2000
Group Art Unit: 2176
Docket No.: ROC920000078US1

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on
December 6, 2005

By: William K. Konrad
Name: William K. Konrad

FORM PTO-1083

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PATENT
ROC920000078US1
0021.0010

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

C.L. Bates et al.

Serial No.: 09/558,078

Filed: September 11, 2000

For: METHOD, SYSTEM, AND PROGRAM
FOR CHECKING CONTACT
INFORMATION

Examiner: Nathan Hillery

Art Unit: 2176

24033

Customer Number

Sir:

Transmitted herewith in the above-identified application is an:


- ☒ Amendment 18 pages.
☐ Petition for Extension of Time.
☐ Transmittal of Formal Drawings and _____ sheets of formal drawings.
☒ No additional fee is required.

The fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO PREVIOUSLY PAID FOR	PRESENT EXTRA RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE
TOTAL	27	MINUS 42	=	0	x	\$0	OR x 50 \$
INDEP CLAIMS	3	MINUS 3	=	0	x	\$0	OR x 200 \$
_____ FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+	\$	OR + 360 \$
				TOTAL		\$0	OR TOTAL \$ -0-

- _____ Please charge Deposit Account No. 50-0585 the amount of \$ _____ to cover the extension fee and also the amount of \$ _____ to cover the claim fee. A duplicate copy of this sheet is enclosed.
 _____ A credit card authorization in the amount of \$ _____ to cover the extension fee is enclosed.
 _____ A credit card authorization in the amount of \$ _____ to cover the claim fee is enclosed.
 _____ A credit card authorization in the amount of \$ _____ to cover the petition fee is enclosed.
☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0585. A duplicate of this sheet is enclosed.
☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,



Dated: December 6, 2005

William K. Konrad
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CERTIFICATE UNDER 37 CFR 1.8:

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William K. Konrad

12/6/05
Date

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PATENT
ROC920000078US1
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C.L. Bates et al.

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INFORMATION

Examiner: Nathan Hillery

Art Unit: 2176

24033

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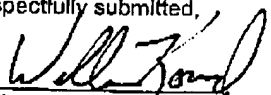
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INDEP CLAIMS	3	MINUS	3	=	0	x		\$0	OR	x 200 \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+		\$	OR	+ 360 \$
					TOTAL			\$0	OR	TOTAL \$ -0-

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Respectfully submitted,

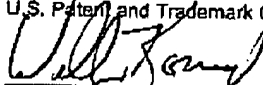

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Dated: December 6, 2005

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Serial No.:	09/658,078	Group Art Unit:	2176
Filed:	September 11, 2000	Docket No.:	ROC920000078US1
TITLE:	METHOD, SYSTEM, AND PROGRAM FOR CHECKING CONTACT INFORMATION		

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William K. KonradAMENDMENT AFTER FINAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Response is submitted in response to the final office Action dated November 1, 2005.

Amendments to the Claims are reflected in the listing of claims which begins on page 2.

Remarks/Arguments begin on page 17.